

1           1.       In a server system capable of communicating with a payment entity, a carrier,  
2 and a client computer associated with a health care provider, a method of advancing  
3 payment for health care services rendered by the health care provider, in response to an  
4 insurance claim, and prior to the carrier making payment on the insurance claim, the method  
5 comprising the acts of:

6                   receiving an insurance claim that includes patient information, insurance  
7 information, and treatment information from the client computer;

8                   determining whether the insurance claim is eligible for advance payment,  
9 including performing the acts of determining whether the treatment information  
10 corresponds to health care services that are approved for payment, and determining  
11 whether the patient is an approved beneficiary of the carrier;

12                  if it has been determined that the insurance claim is eligible for advance  
13 payment, performing the acts of:

14                   transmitting claim information associated with the insurance claim to  
15 the payment entity, wherein, upon receiving the claim information, the  
16 payment entity advances money to the health care provider prior to the carrier  
17 making payment on the insurance claim; and

18                   transmitting the insurance claim to the carrier, wherein, upon  
19 receiving the insurance claim, the carrier makes payment on the insurance  
20 claim to the payment entity, thereby paying for the money advanced to the  
21 health care provider.

1           2.     A method as defined in claim 1, wherein if it has been determined that the  
2 insurance claim is not eligible for advance payment, the method further comprises the acts  
3 of:

4                 receiving from the client computer, prior to the patient being discharged by  
5 the health care provider, a revised insurance claim that includes revised treatment  
6 information; and

7                 determining whether said revised insurance claim is eligible for advance  
8 payment.

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10           3.     A method as defined in claim 1, wherein upon receiving notice from the  
11 payment entity the remote server computer further performs the act of transmitting  
12 information to the client computer that indicates how much money is approved for advance  
13 payment of the insurance claim.

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15           4.     A method as defined in claim 1, wherein the method further comprises the act  
16 of transmitting information to the client computer indicating to the health care provider  
17 whether the insurance claim is eligible for advance payment.

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19           5.     A method as defined in claim 1, wherein upon determining that the insurance  
20 claim is eligible for advance payment, the method further comprises the act of receiving a  
21 notice from the payment entity that identifies how much money will be advanced to the  
22 health care provider.

1           6.     In a system comprising a client computer, a remote server computer, a  
2 payment entity, a carrier, and a financial entity, a method of paying a health care provider  
3 for rendered health care services before an insurance claim for the rendered health care  
4 services can be processed by the carrier, the method comprising the acts of:

5                 receiving, at the client computer, patient information, insurance information,  
6 and treatment information entered by a health care provider to a computer-  
7 displayable claim form displayed by the client computer;

8                 transmitting an insurance claim that includes the patient information,  
9 insurance information, and treatment information from the client computer to the  
10 remote server computer;

11                determining, by the remote server computer, whether the insurance claim is  
12 eligible for advance payment; and

13                if it has been determined that the insurance claim is eligible for advance  
14 payment, performing the following acts:

15                   transmitting claim information from the remote server computer to  
16 the carrier and to the payment entity,

17                   determining, by the payment entity how much money should be  
18 advanced for the rendered health care services and determining how that  
19 money should be distributed;

20                   transmitting a fund distribution request from the payment entity to the  
21 financial entity; and

22                   distributing, by the financial entity, credit between a provider  
23 operational account and a provider reserve account.  
24

1           7.     A method as defined in claim 6, wherein the act of determining whether the  
2 insurance claim is eligible for advance payment comprises the act of determining whether  
3 the patient is a beneficiary of the carrier.  
4

5           8.     A method as defined in claim 7, wherein the act of determining whether the  
6 insurance claim is eligible for advance payment further comprises the act of determining  
7 whether the treatment information corresponds to health care services that are approved by  
8 the carrier.  
9

10          9.     A method as defined in claim 6, wherein if it has been determined that the  
11 insurance claim is not in condition to be paid, transmitting a revised insurance claim that  
12 includes at least revised patient information from the client computer to the remote server  
13 computer, prior to discharging the patient who received the health care services, to  
14 determine whether said revised insurance claim is in condition to be paid.  
15

16          10.    A method as defined in claim 8, further comprising the act of transmitting,  
17 from the remote server to the client computer, a suggested revised treatment code that  
18 corresponds to the health care services rendered.  
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20          11.    A method as defined in claim 6, wherein the carrier performs the act of  
21 processing the insurance claim after the server computer performs the act of transmitting  
22 claim information to the carrier.  
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1           12.     A method as defined in claim 11, wherein the act performed by the financial  
2     entity of distributing credit between the provider operational account and the provider  
3     reserve account occurs prior to the act performed by the carrier of processing the insurance  
4     claim.

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6           13.     A method as defined in claim 12, wherein upon completing the act of  
7     processing the insurance claim, the carrier further performs the act of making a payment to  
8     the financial entity to pay for the insurance claim.

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10          14.     A method as defined in claim 13, wherein the payment by the carrier is  
11     credited to the provider reserve account.

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13          15.     A method as defined in claim 6, wherein the credit distributed into the  
14     provider operational account is immediately accessible to the health care provider.

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16          16.     A method as defined in claim 15, wherein the credit distributed into the  
17     provider reserve account is not accessible by the health care provider, and wherein the  
18     reserve account is debited for service fees, interest payment, and to pay down any unpaid  
19     balance on credit made to the provider operational account and the provider reserve account.

20  
21          17.     A method as defined in claim 6, wherein explanation of payment data is  
22     provided over the Internet and is updated by at least one of either the payment entity and the  
23     financial entity.

1           18.     A method as defined in claim 6, wherein the computer-displayable form is a  
2     hypertext markup language document.

3  
4           19.     A method as defined in claim 6, wherein if it has been determined that the  
5     insurance claim is eligible for advance payment, further performing the act of transmitting  
6     from the server computer to the client computer information that indicates an amount to be  
7     paid by the carrier to the health care provider, prior to discharging the patient from the  
8     offices of the health care provider.

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10          20.     A method as defined in claim 6, wherein if it has been determined that the  
11     insurance claim is eligible for advance payment, further performing the act of transmitting  
12     from the server computer to the client computer information that indicates how much of a  
13     co-payment is required of a patient, prior to discharging the patient from the offices of the  
14     health care provider.

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16          21.     A method as defined in claim 20, further comprising the act of collecting the  
17     co-payment from the patient based on the co-payment information.

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1           22. In a client computer capable of communicating with a remote server  
2 computer that is in communication with a payment entity, a method of interactively  
3 preparing an insurance claim that is eligible for advance payment for health care services  
4 performed on a patient, the method comprising the acts of:

5                   generating a computer-displayable claim form for display to a health care  
6 provider;

7                   receiving patient information, insurance information, and treatment  
8 information entered to the claim form by the health care provider;

9                   transmitting an insurance claim that includes the patient information,  
10 insurance information, and treatment information from the client computer to the  
11 remote server computer;

12                   receiving information from the remote server computer indicating to the  
13 health care provider whether the insurance claim is in allowable condition for  
14 advance payment, the information having been received in response to the remote  
15 server computer having performed the act of determining whether the treatment  
16 information corresponds to health care services that are approved for payment; and

17                   if the information from the remote server indicates that the insurance claim is  
18 not in allowable condition for advance payment, transmitting a revised insurance  
19 claim that includes revised treatment information from the client computer to the  
20 remote server computer to determine whether said revised insurance claim is in  
21 allowable condition for advance payment.

1           23.     A method as defined in claim 22, wherein if the information from the remote  
2 server computer indicates that the insurance claim is in allowable condition for advance  
3 payment, the method further comprises the act of, prior to discharging the patient, the client  
4 computer receiving from the server computer information that indicates how much money  
5 the patient should pay for a co-payment.  
6

7           24.     A method as defined in claim 22, wherein the treatment information includes  
8 at least a diagnosis code and a treatment code.  
9

10          25.     A method as defined in claim 22, wherein if the information from the remote  
11 server computer indicates that the insurance claim is in allowable condition for advance  
12 payment, the method further comprises the act of displaying information that indicates how  
13 much money will be advanced to a provider account to pay for rendered health care services  
14 that are identified in the insurance claim.  
15

16          26.     A method as defined in claim 25, wherein the information that indicates how  
17 much money will be advanced to a provider account is displayed after it is received by the  
18 client computer from the remote server computer, and wherein the remote server computer  
19 receives the information from the payment entity.  
20

21          27.     A method as defined in claim 26, wherein the information that indicates how  
22 much money will be advanced to a provider account displayed after the client computer  
23 accesses the information on the Internet, and wherein the information is generated by the  
24 payment entity.



1           28.     In a financial entity system that is capable of communicating with a payment  
2 entity that is in communication with a server system that receives insurance claims from a  
3 health care provider, a method of advancing payment for health care services rendered by  
4 the health care provider prior to a carrier making payment on the insurance claim for the  
5 rendered health care services, the method comprising the acts of:

6                     receiving from the payment entity a fund distribution request;

7                     advancing money to at least one account in response to the fund distribution  
8 request, wherein at least a portion of the money advanced into the at least one  
9 account is immediately accessible to the health care provider; and subsequently

10                    receiving payment for the insurance claim from the carrier.  
11

12           29.     A method as defined in claim 28, wherein the at least one account includes a  
13 reserve account and an operational account, and wherein the fund distribution request  
14 instructs the financial entity to advance a credit of funds between the reserve account and the  
15 operational account.  
16

17           30.     A method as defined in claim 29, wherein money in the operational account  
18 is immediately accessible to the health care provider.  
19

20           31.     A method as defined in claim 29, wherein money in the reserve account is  
21 debited to pay for interest on unpaid balances, to pay off unpaid balances, and to pay for  
22 service fees associated with the advanced payment.  
23  
24

1           32.     A method as defined in claim 29, further comprising the act of crediting the  
2 reserve account with the payment received from the carrier.

3  
4           33.     A method as defined in claim 28, wherein the act of receiving payment from  
5 the carrier includes the act of receiving from the carrier an electronic fund transfer to pay for  
6 the insurance claim.

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8           34.     A method as defined in claim 28, wherein the act of receiving payment from  
9 the carrier includes the act of receiving from the carrier a check to pay for the insurance  
10 claim.

11  
12           35.     A method as defined in claim 28, wherein the carrier makes payment for the  
13 insurance claim after first processing the insurance claim, and wherein the carrier first  
14 processes the insurance claim upon receiving insurance claim information from the server  
15 system that is generated after the health care provider submits an insurance claim to the  
16 server system.

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1           36.    A computer program product for implementing, in a server system that  
2 communicates with a client system, a payment entity and a carrier, a method of informing a  
3 health care provider who uses the client computer whether an insurance claim for health care  
4 services rendered to a patient is approved for advance payment, the computer program  
5 product comprising:

6                   a computer-readable medium carrying computer-executable instructions for  
7 implementing the method, the computer-executable instructions comprising:

8                           program code means for receiving an insurance claim that includes  
9 patient information, insurance information, and treatment information from  
10 the client computer, the patient information, insurance information, and  
11 treatment information having been entered to the client computer by a health  
12 care provider;

13                           program code means for determining whether the insurance claim is  
14 eligible for advance payment, including performing the acts of determining  
15 whether the treatment information corresponds to health care services that are  
16 approved for payment, and determining whether the patient is a beneficiary  
17 of the carrier;

18                           program code means for initiating transmission of reply information  
19 to the client computer, the reply information indicating to the health care  
20 provider whether the insurance claim is eligible for advance payment;

21                           program code means for initiating transmission of co-payment  
22 information to the client computer that indicates how much money the client  
23 owes as a co-payment for rendered health care services;  
24

1 program code means for performing, if the reply information indicates  
2 that the insurance claim is not in condition to be paid, the acts of:

3 receiving a revised insurance claim; and

4 determining whether the revised insurance claim is eligible for  
5 advance payment; and

6 program code means for performing, if the reply information indicates  
7 that the insurance claim is in condition to be paid, the acts of:

8 transmitting claim information to the carrier for processing the  
9 claim;

10 transmitting claim information to the payment entity for  
11 determining how much money to advance to the health care provider  
12 and for determining how to distribute the money;

13 receiving financial information from the payment entity that  
14 indicates how much money will be advanced to the health care  
15 provider; and

16 transmitting to the client system the financial information that  
17 indicates how much money will be advanced to the health care  
18 provider.

19  
20 37. A computer program product as defined in claim 36, wherein the computer-  
21 executable instructions further comprise program code means for initiating transmission of a  
22 computer-displayable claim form to the client computer, the claim form including fields for  
23 accepting the patient information, insurance information, and treatment information.  
24

1           38.    A computer program product as defined in claim 36, wherein advance  
2 payment is payment that is received by the health care provider prior to receiving a payment  
3 from the carrier for the health care services that are the subject of the insurance claim.

4  
5           39.    A computer program product as defined in claim 38, wherein the advance  
6 payment is received by the health care provider prior to the carrier adjudicating the claim.